



**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

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|-------------------------------|-----------------------|
| <i>Application Number</i> | 09/772,176 |
| <i>Filing Date</i> | January 29, 2001 |
| <i>First Named Inventor</i> | James A. Proctor, Jr. |
| <i>Confirmation Number</i> | 1093 |
| <i>Group Art Unit</i> | 2611 |
| <i>Examiner Name</i> | Burd, Kevin Michael |
| <i>Attorney Docket Number</i> | 2479.2071-000 |

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| <i>Title</i> | METHOD AND APPARATUS FOR DETECTING RAPID CHANGES IN SIGNALING PATH ENVIRONMENT |
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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 021005

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The assignee of the above-identified application has discharged the Firm and requested transfer of the file to John C. Donch, Esq., Volpe and Koenig, P.C., United Plaza, Suite 1600, 30 South 17th Street, Philadelphia, PA 19103. The new counsel has accepted responsibility for the application. The undersigned no longer has control of the file or authorization from the assignee to prosecute the above-identified application. To the best of my knowledge, Revocations of Power of Attorney have not yet been submitted to the United States Patent and Trademark Office. For these reasons, the present request should be granted.

The next action is due on February 9, 2007.

CORRESPONDENCE ADDRESS

Change the correspondence address and direct all future correspondence to:

Customer Number 24374

OR

| | | | |
|----------------|----------------------------------|-------|------------------|
| Contact Person | | | |
| Firm | Volpe and Koenig, P.C. | | |
| Address | United Plaza, Suite 1600 | | |
| Address | 30 South 17 th Street | | |
| City | Philadelphia | State | PA |
| Country | USA | | |
| Telephone | 215-568-6400 | Fax | 215-568-6499 |
| Signature | | | |
| Name | David J. Thibodeau, Jr. | | Registration No. |
| Date | (2/7/06) | | Telephone No. |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.